



April 6, 2016

DARS Division of Disability Services
P.O. Box 149198
Austin, TX 78714-9198

NAME: [REDACTED]
SSN: 123-45-6789
DOB: 11/11/11

To Whom It May Concern:

[Redacted] is a 47 year-old, divorced, Caucasian female with a history of chronic homelessness, bipolar II disorder, PTSD, chronic degenerative disc disease in her neck, dysesthesia, cervicgia, migraines, fibromyalgia, and systemic lupus erythematosus (SLE). She was most recently hospitalized for MRSA nodes in her lungs and pneumonia. [Redacted] is 5'5" and 140 pounds. Even in the midst of chronic pain and several debilitating physical and mental conditions, [Redacted] perseveres and continues to do what she can with what she has been given.

[Redacted] receives LOC3 (intensive case management – team approach) services and mental health treatment through Austin Travis County Integral Care (ATCIC). [Redacted] receives case management services through ATCIC's Healthy Community Collaborative (HCC) program. Rehabilitation Specialists with HCC work collaboratively with an interdisciplinary team to provide skills training and service coordination to assist clients in obtaining/maintaining housing stability and promoting wellness, while decreasing the need for inpatient hospitalization and/or incarceration. [Redacted] was recently housed through the Shelter plus Care Program, a voucher program funded by HUD to provide housing subsidies to people experiencing homelessness with a disability due to a serious mental illness, chronic drug or alcohol dependence, or HIV/AIDS. The program is administered by the two local housing authorities and ATCIC and includes ongoing supportive services to assist chronically homeless individuals in obtaining and maintaining housing.

PERSONAL HISTORY

[Redacted] grew up in Chicago with her parents and four siblings. She remembers her childhood as being “chaotic” because both parents had bipolar disorder and were often violent. Both of her parents had a history of suicide attempts, and [Redacted]’s father died in front of her when she was just 10 years old. [Redacted] reports that she was already “taking care of things by myself” when she was in junior high, and this included taking care of her sister that was 6 years younger than her.

[Redacted] married her first husband, [Redacted], in 1992. He was a U.S. Marine and [Redacted] describes him as an “abusive sociopath” that first began physically abusing her when she was 8 months pregnant with their son, [Redacted], in 1993. [Redacted] was afraid to leave [Redacted] because he threatened her that he would take [Redacted] if she left him. She eventually divorced him in 1997 when [Redacted] let his 19 year-old girlfriend move in. [Redacted] lost her home and custody of [Redacted] in the process. She states that she moved to Texas in 1999, and continued a “downward spiral” of depression from being away from her son. She remembers “weeping continually unless I was passed out.” [Redacted] remarried in October of 2005 for just a couple months. She states that her second husband was homosexual and became violent with her. From January of 2006 to July of 2008, [Redacted] was married to [Redacted], another person she trusted that physically and emotionally abused her. In 2008, [Redacted] won sole custody of her son - with no visitation rights for his father due to the fact that he was proven to have abused both of them. It was also in 2008 that [Redacted] discovered her son’s heroin addiction and started a pattern of admitting him to “countless rehabs” to help him. They moved to Florida in 2011 and back to Illinois in 2012, followed by Corpus Christi (Texas) and finally Austin in summer of 2013. [Redacted] has had periods of homelessness throughout her life, usually after losing jobs and homes from her symptoms of mental illness. Her most recent period of homelessness was from May, 2015 – Jan, 2016 when she lived outside, sleeping “on cardboard in the dirt” or slept in her car in abandoned parking lots.

[Redacted] states that her grades in school were always C/D level and that her school experience was “excruciating” because it was easy for her and she was bored all the time. She graduated high school in 1986. She reports that she attended Governors State University in Chicago and earned an Associate’s Degree in General Studies in 2006 and an Associate’s Degree in Management in 2008. She reports that she often made the honor roll and that it at times seemed “too easy and would blast through it.” During times of depression she would drop classes, “couldn’t do the work,” and “crash.” In 2014 she finished a Master’s in Addictions Studies from Governors State University.

[Redacted]’s life has been fraught with instability and traumatic experiences from a very young age. She was physically and emotionally abused in her home for most of her childhood. As previously mentioned, her father died from a massive heart attack in front of her when she was 10 years old. Her mother would do various things such as grabbing weapons (scissors) and threatening to kill herself in front of [Redacted]. Her history of abuse did not stop at childhood. [Redacted] was physically abused by all three of her husbands and also has been sexually assaulted in the past. Her most recent sexual assault was on 12/15/13 and took place when she was homeless. She experiences intrusive thoughts and flashbacks, along with nightmares that she reports are “centered in shame and fear.”

OCCUPATIONAL HISTORY

[Redacted] has an extensive employment history and states that she has been a “working professional since the age of 18.” Throughout her occupational history, [Redacted] reports a continuous cycle of getting a job, becoming so depressed she couldn’t get out of bed, paranoia that no one there likes her, losing her job, losing her house, and having to start over from the beginning. [Redacted] states “the older I got, the shorter between episodes.”

[Redacted] describes a “pervasive cycle – I get a job, they love me and give me promotions and more responsibility for maybe 4-6 months, and then depression causes absenteeism, job loss, home loss, over and over...” [Redacted] states that this cycle has gone on for 27 years and causes her extreme “shame and guilt” because she reports having “tried all the meds on the market and even with combinations of meds I have still lost my job and lost my homes over and over.” She continues: “I will imagine suddenly that no one likes me and I start acting differently. I became stand-offish and isolated. Depression sets in and my job suffers.”

[Redacted]’s last job was a contract job taking disability calls at a call center for DARS. She stated that she was eventually “run off” because she was “not reliable” and that was the last time she was able to hold down a job and have income.

SUBSTANCE USE

[Redacted] started drinking alcohol at the age of 14 and states that she “instantly became addicted.”

She states that she would often “drink until I blacked out.” She started using Vicodin at 18 years-old after seeing how calm it made her alcoholic mother. [Redacted] also admits to using drugs to cope with the physical abuse from her first husband. By 1997, when she was coping

with depression and her divorce, she reports drinking one bottle of vodka daily and abusing opiate pain medications that were prescribed by her neurologist for migraines.

[Redacted] went to Austin Recovery Center in 2000 and was clean and sober from 2000-2010. She attended AA and NA meetings and participated fully in her recovery process. It should be noted that even during this extended period of sobriety, [Redacted] had 11 different jobs and was still dealing with her cycle of depression, paranoia and loss.

In 2010, [Redacted] had a lumpectomy due to possible breast cancer and was prescribed norco, which started her cravings again. She reports that she was also dealing with her son's heroin addiction and was working on her master's degree. She believes that the stress from all she was dealing with led her to start abusing the pain medication again. In 2013, [Redacted] took responsibility for her addiction and presented to Brackenridge hospital requesting detox from opioids and alcohol. At that time she had resorted to using alprazolam and tramadol prescribed for her dog by a veterinarian to avert withdrawal symptoms. She entered outpatient detox, starting the suboxone step down method before ultimately starting suboxone continual support, supervised by [Redacted] with Austin Primary Care Physicians. At this time, [Redacted] had a contract position with DARS which she then lost due to absenteeism and behaviors associated with depression and stress. She was unable to work and could not pay for continued treatment. She was homeless and couldn't pay for the suboxone and was taken off "cold turkey" suffering profound withdrawal symptoms for two months.

During [Redacted]'s most recent period of homelessness in Austin, she started using methamphetamines. She states that she does not like using meth because she understands that "it's a poison" but she reports that she uses it to help with her depression, lack of energy, and poor focus/concentration. She reports being diagnosed with lupus for 8 months before she tried meth (while she was living in Illinois). [Redacted] states that methamphetamines do the "same thing as steroids" but she can't get a prescription for steroids without having a rheumatologist. She feels that the meth improved her mood and "it gave me a few hours before I would have to rest." [Redacted] states that she used meth one day per week and during that day she planned on getting everything done that she could. She has also used marijuana to assist with pain management at times.

PHYSICAL HEALTH HISTORY

[Redacted] feels that she has been decompensating physically since November, 2014. She believes this is when the "lupus firestorm" began. She has a documented weight loss of 220

pounds to 140 pounds in 8 months. [Redacted] reports having been diagnosed with fibromyalgia in 2011 and lupus while living in Illinois around 2012. She states that the lupus was “very difficult to diagnose and the ANA test was negative.” So far all of the serological studies at Paul Bass Clinic for SLE have also been negative as well. [Redacted] reports that blood tests have shown unspecified inflammation in her blood for the past five years.

[Redacted]’s symptoms include the following: “fatigue/exhaustion that sleep/rest does not help, profound aches/pains that are concentrated in weaker areas, severe pain in upper leg bone, hair loss that grows back with texture of baby hair in wrong places, chronic diarrhea, photosensitivity with awful sores and itching, plaque rash/sores up and down both upper arms and across chest exacerbated by sunlight and heat, fluid around lungs, heart weakness, and seizures.” She is currently having a very difficult time recovering from pneumonia and MRSA nodes in her lungs.

PSYCHIATRIC HISTORY

[Redacted] states that her mother started noticing depressive symptoms in her at the age of 15. Every member of her immediate family has been diagnosed with a mental illness, including her only son, whom has had “many” suicide attempts. She remembers being prescribed Prozac at the age of 18 and having a “psychotic response” from it. [Redacted] states that from 1988 – 2000 she “tried all the medications” and experimented with different meds to find one that would work for her. She finally settled with nefazodone but states that “even that didn’t work 100%.”

[Redacted] was first diagnosed with bipolar II disorder in 2001. She has attempted suicide at least five times in the past, by overdose, cutting wrists, and most recently walking into traffic on the highway. One of the characteristics of bipolar II disorder is the more frequent episodes of depression mixed with hypomanic episodes. [Redacted] states that during her hypomanic episodes she “can’t calm down” and is consumed with excessive worry and anxiety. During her depressive episodes, she doesn’t take showers, misses ADLS, and has an overall difficulty in motivating herself toward self-care. She has no energy, feels hopeless and worthless, has crying spells, and experiences suicidal ideation. She has engaged in self-injurious behaviors (cutting) at times to relieve the emotional pain.

[Redacted] also endorses PTSD symptoms of “horrible panic attacks” that cause her to sometimes hide in the closet. She has feelings of being “overwhelmed with guilt and shame,” inability to fall asleep at times and at other times being “jolted awake” by nightmares, inability to calm down, always being on “overdrive,” flashbacks and paranoia.

FUNCTIONAL INFORMATION

Understand, Remember, or Apply Information

She has trouble remembering instructions and has to write down reminder notes to herself all the time. [Redacted] reports that it was around March, [Redacted] experiences side effects from the combination of prescribed medications which cause difficulties remembering appointments. She needs reminders to take medications on a daily basis.

Interact with Others

[Redacted] states that it is “hard to keep friends because everything is so negative. My mental illness has destroyed several key friendship and I suffer over it.” She continues: “I have an inability to restrain pen/email/text” and can permanently ruin relationships from being “critical, sharp, and judgmental.”

Concentrate, Persist, or Maintain Pace

[Redacted] states that her concentration is “awful” and that she is usually in “my own little world.” [Redacted] feels that her cognitive ability has diminished 40% and is approximately that of a 5th grader. 2015 when she really started to notice this cognitive decline. For the past 6 months, [Redacted] has noticed significantly worsening anxiety (inner tension, restlessness, pacing, constant worry about her health) that makes it nearly impossible to accomplish day-to-day tasks without assistance. Also, she states, “Sometimes I don’t have the energy to get up, so I’ll just sleep through those meal times and hope food comes from somewhere else.”

Adapt or Manage Oneself

[Redacted] tends to need assistance with ADLs on a fairly regular basis. She does not tend to personal care during her depressive episodes. She has recently started to need assistance to bathe at times and was instructed not to shower alone due to her legs shaking and her muscle weakness causing her to fall. On her weaker days she needs help walking and can barely get from the bed to the bathroom in her small apartment. Everything she attempts to do has “limitations and added time” due to her “shaky hands, lack of coordination, and all-over weakness.” [Redacted] has also experienced regular incontinence of bowels due to chronic diarrhea.



[Redacted] has been told not to drive anymore due to her seizures. She states that the hospital called the DPS and reported her seizure activity to them. [Redacted] states that “riding the bus is exhausting” due to the “waiting, walking to the bus stop, being up on my feet – moving around too much.” [Redacted] recently reported that she “got really sick on bus the other night” and didn’t know where she was or what she was doing.

[Redacted] doesn’t like to take naps because she states that “depression hits me the most when I first wake up” so she doesn’t like to have to awaken again after a nap. She states that during depressive episodes she will wake up with salt on her face from crying in her sleep. [Redacted] states that she has “constant stress and fear.” She feels stress about “losing independence... possibly dying.” She states that she “worries about everything obsessively and can’t sleep... other times I sleep for days.”

SUMMARY

[Redacted] is a 47 year-old, divorced, Caucasian female with a history of chronic homelessness, bipolar II disorder, PTSD, chronic degenerative disc disease in her neck, dysesthesia, cervicgia, migraines, fibromyalgia, and systemic lupus erythematosus (SLE). She was most recently hospitalized for MRSA nodes in her lungs and pneumonia. [Redacted] has been unable to work since August, 2014 due to physical and mental decompensation. At this time, she can no longer reasonably be expected to continue doing any type of work that she has done in the past, nor learn any other type of job that may be available to her. [Redacted] is currently receiving mental health treatment, peer support services, intensive case management and permanent supported housing services through ATCIC. Receiving benefits will allow [Redacted] to continue being housed and help provide her with the safety and stability she so desperately needs.

If you have any questions about [Redacted], this application or any of the corresponding medical records, please feel free to contact me at 512-439-5361.

Sincerely,



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